AHCCCS 837 HIPAA Professional Transaction - Codes and Values Mapping
(FFS Claims and Encounters)

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
1	Transaction Set Header/Transaction Set Identifier Code	Transaction Set Header - ST01	837 - Health Care Claim	No Current Equivalent	837 - Health Care Claim
2	Beginning of Hierarchical Transaction/Hierarchical Structure Code	Beginning of Hierarchical - BHT01	0019 - Information Source, Subscriber, Dependent	No Current Equivalent	0019 - Information Source, Subscriber, Dependent
3	Beginning of Hierarchical Transaction/Transaction Set Purpose Code	Beginning of Hierarchical - BHT02	00 - Original 18 - Reissue	No Current Equivalent	00 - Original 18 - Reissue
4	Beginning of Hierarchical Transaction/Claim or Encounter Identifier	Beginning of Hierarchical - BHT06	CH - Chargeable RP - Reporting	No Current Equivalent	CH - Chargeable - FFS Claims RP - Reporting - Encounters
5	Transmission Type Identification/Reference Identification Qualifier	Transmission Type Identification - REF01	87 - Functional Category	No Current Equivalent	87 - Functional Category
6	Submitter Name/Entity Identifier Code	1000A - NM101	41 - Submitter	No Current Equivalent	41 - Submitter
7	Submitter Name/Entity Type Qualifier	1000A - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
8	Submitter Name/Identification Code Qualifier	1000A - NM108	46 - Electronic Transmitter Identification Number (ETIN)	No Current Equivalent	46 - Electronic Transmitter Identification Number (ETIN)
9	Submitter EDI Contact Information/Contact Function Code	1000A - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact
10	Submitter EDI Contact Information/Communication Number Qualifier	1000A - PER03	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
11	Submitter EDI Contact Information/Communication Number Qualifier	1000A - PER05	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
12	Submitter EDI Contact Information/Communication Number Qualifier	1000A - PER07	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
13	Receiver Name/Entity Identifier Code	1000B - NM101	40 - Receiver	No Current Equivalent	40 - Receiver
14	Receiver Name/Entity Type Qualifier	1000B - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
15	Receiver Name/Identification Code Qualifier	1000B - NM108	46 - Electronic Transmitter Identification Number (ETIN)	No Current Equivalent	46 - Electronic Transmitter Identification Number (ETIN)
16	Billing/Pay-to Provider Hierarchical Level/Hierarchical Level Code	2000A - HL03	20 - Information Source	No Current Equivalent	20 - Information Source
17	Billing/Pay-to Provider Hierarchical Level/Hierarchical Child Code	2000A - HL04	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
18	Billing/Pay-to Provider Specialty Information/Provider Code	2000A - PRV01	BI - Billing PT - Pay-To	No Current Equivalent	BI - Billing PT - Pay-To
19	Billing/Pay-to Provider Specialty Information/Reference Identification Qualifier	2000A - PRV02	ZZ - Mutually Defined	No Current Equivalent	ZZ - Mutually Defined
20	Foreign Currency Information/Entity Identifier Code	2000A - CUR01	85 - Billing Provider	No Current Equivalent	85 - Billing Provider

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
21	Billing Provider Name/Entity Identifier Code	2010AA - NM101	85 - Billing Provider	No Current Equivalent	85 - Billing Provider
22	Billing Provider Name/Entity Type Qualifier	2010AA - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
23	Billing Provider Name/Identification Code Qualifier	2010AA - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
24	Billing Provider Secondary Identification/Reference Identification Qualifier	2010AA - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number 1J - Facility ID Number B3 - Preferred Provider Organization Number BQ - Health Maintenance Organization Code Number EI - Employer's Identification Number FH - Clinic Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number U3 - Unique Supplier Identification Number (USIN) X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number 1J - Facility ID Number B3 - Preferred Provider Organization Number BQ - Health Maintenance Organization Code Number EI - Employer's Identification Number FH - Clinic Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number U3 - Unique Supplier Identification Number (USIN) X5 - State Industrial Accident Provider Number
25	Credit/Debit Card Billing Information/Reference Identification Qualifier	2010AA - REF01	06 - System Number 8U - Bank Assigned Security Identifier EM - Electronic Payment Reference Number IJ - Standard Industry Classification (SIC) Code LU - Location Number RB - Rate code number ST - Store Number TT - Terminal Code	No Current Equivalent	06 - System Number 8U - Bank Assigned Security Identifier EM - Electronic Payment Reference Number IJ - Standard Industry Classification (SIC) Code LU - Location Number RB - Rate code number ST - Store Number TT - Terminal Code

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
26	Billing Provider Contact Information/Contact Function Code	2010AA - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact
27	Billing Provider Contact Information/Communication Number Qualifier	2010AA - PER03	EM - Electronic Mail FX - Facsimile TE - Telephone	No Current Equivalent	EM - Electronic Mail FX - Facsimile TE - Telephone
28	Billing Provider Contact Information/Communication Number Qualifier	2010AA - PER05	EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
29	Billing Provider Contact Information/Communication Number Qualifier	2010AA - PER07	EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
30	Pay-to Provider Name/Entity Identifier Code	2010AB - NM101	87 - Pay-to Provider	No Current Equivalent	87 - Pay-to Provider
31	Pay-to Provider Name/Entity Type Qualifier	2010AB - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
32	Pay-to Provider Name/Identification Code Qualifier	2010AB - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
33	Pay-to-Provider Secondary Identification/Reference Identification Qualifier	2010AB - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number 1J - Facility ID Number B3 - Preferred Provider Organization Number BQ - Health Maintenance Organization Code Number EI - Employer's Identification Number FH - Clinic Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number U3 - Unique Supplier Identification Number (USIN) X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number 1J - Facility ID Number B3 - Preferred Provider Organization Number BQ - Health Maintenance Organization Code Number EI - Employer's Identification Number FH - Clinic Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number U3 - Unique Supplier Identification Number (USIN) X5 - State Industrial Accident Provider Number
34	Subscriber Hierarchical Level/Hierarchical Level Code	2000B - HL03	22 - Subscriber	No Current Equivalent	22 - Subscriber
35	Subscriber Hierarchical Level/Hierarchical Child Code	2000B - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
36	Subscriber Information/Payer Responsibility Sequence Number Code	2000B - SBR01	P - Primary S - Secondary T - Tertiary	No Current Equivalent	P - Primary S - Secondary T - Tertiary
37	Subscriber Information/Individual Relationship Code	2000B - SBR02	18 - Self	No Current Equivalent	18 - Self

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
38	Subscriber Information/Insurance Type Code	2000B - SBR05	12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 - Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan 14 - Medicare Secondary, No-fault Insurance including Auto is Primary 15 - Medicare Secondary Worker's Compensation 16 - Medicare Secondary Public Health Service (PHS)or Other Federal Agency 41 - Medicare Secondary Black Lung 42 - Medicare Secondary Veteran's Administration 43 - Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 - Medicare Secondary, Other Liability Insurance is Primary	No Current Equivalent	12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 - Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan 14 - Medicare Secondary, No-fault Insurance including Auto is Primary 15 - Medicare Secondary Worker's Compensation 16 - Medicare Secondary Public Health Service (PHS)or Other Federal Agency 41 - Medicare Secondary Black Lung 42 - Medicare Secondary Veteran's Administration 43 - Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 - Medicare Secondary, Other Liability Insurance is Primary

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
39	Subscriber Information/Claim Filing Indicator Code	2000B - SBR09	09 - Self-pay 10 - Central Certification 11 - Other Non-Federal Programs 12 - Preferred Provider Organization (PPO) 13 - Point of Service (POS) 14 - Exclusive Provider Organization (EPO) 15 - Indemnity Insurance 16 - Health Maintenance Organization (HMO) Medicare Risk AM - Automobile Medical BL - Blue Cross/Blue Shield CH - Champus CI - Commercial Insurance Co. DS - Disability HM - Health Maintenance Organization LI - Liability LM - Liability Medical MB - Medicare Part B MC - Medicaid OF - Other Federal Program TV - Title V VA - Veteran Administration Plan WC - Workers' Compensation Health Claim ZZ - Mutually Defined	No Current Equivalent	09 - Self-pay 10 - Central Certification 11 - Other Non-Federal Programs 12 - Preferred Provider Organization (PPO) 13 - Point of Service (POS) 14 - Exclusive Provider Organization (EPO) 15 - Indemnity Insurance 16 - Health Maintenance Organization (HMO) Medicare Risk AM - Automobile Medical BL - Blue Cross/Blue Shield CH - Champus CI - Commercial Insurance Co. DS - Disability HM - Health Maintenance Organization LI - Liability LM - Liability Medical MB - Medicare Part B MC - Medicaid OF - Other Federal Program TV - Title V VA - Veteran Administration Plan WC - Workers' Compensation Health Claim ZZ - Mutually Defined
40	Patient Information/Date Time Period Format Qualifier	2000B - PAT05	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
41	Patient Information/Unit or Basis for Measurement Code	2000B - PAT07	GR - Gram	No Current Equivalent	GR - Gram
42	Patient Information/Pregnancy Indicator	2000B - PAT09	Y - Yes	No Current Equivalent	Y - Yes
43	Subscriber Name/Entity Identifier Code	2010BA - NM101	IL - Insured or Subscriber	No Current Equivalent	IL - Insured or Subscriber
44	Subscriber Name/Entity Type Qualifier	2010BA - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
45	Subscriber Name/Identification Code Qualifier	2010BA - NM108	MI - Member Identification Number ZZ - Mutually Defined	No Current Equivalent	MI - Member Identification Number ZZ - Mutually Defined

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
46	Subscriber Demographic Information/Date Time Period Format Qualifier	2010BA - DMG01	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
47	Subscriber Demographic Information/Subscriber Gender Code	2010BA - DMG03	F - Female M - Male U - Unknown	F - Female M - Male	**F - Female** **M - Male** U - Unknown
48	Subscriber Secondary Identification/Reference Identification Qualifier	2010BA - REF01	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number	No Current Equivalent	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number
49	Property and Casualty Claim Number/Reference Identification Qualifier	2010BA - REF01	Y4 - Agency Claim Number	No Current Equivalent	Y4 - Agency Claim Number
50	Payer Name/Entity Identifier Code	2010BB - NM101	PR - Payer	No Current Equivalent	PR - Payer
51	Payer Name/Entity Type Qualifier	2010BB - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
52	Payer Name/Identification Code Qualifier	2010BB - NM108	PI - Payor Identification XV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	PI - Payor Identification XV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
53	Payer Secondary Identification/Reference Identification Qualifier	2010BB - REF01	2U - Payer Identification Number FY - Claim Office Number NF - National Association of Insurance Commissioners (NAIC) Code TJ - Federal Taxpayer's Identification Number	No Current Equivalent	2U - Payer Identification Number FY - Claim Office Number NF - National Association of Insurance Commissioners (NAIC) Code TJ - Federal Taxpayer's Identification Number
54	Responsible Party Name/Entity Identifier Code	2010BC - NM101	QD - Responsible Party	No Current Equivalent	QD - Responsible Party
55	Responsible Party Name/Entity Type Qualifier	2010BC - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
56	Credit/Debit Card Holder Name/Entity Identifier Code	2010BD - NM101	AO - Account Of	No Current Equivalent	AO - Account Of

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
57	Credit/Debit Card Holder Name/Entity Type Qualifier	2010BD - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
58	Credit/Debit Card Holder Name/Identification Code Qualifier	2010BD - NM108	MI - Member Identification Number	No Current Equivalent	MI - Member Identification Number
59	Credit/Debit Card Information/Reference Identification Qualifier	2010BD - REF01	AB - Acceptable Source Purchaser ID BB - Authorization Number	No Current Equivalent	AB - Acceptable Source Purchaser ID BB - Authorization Number
60	Patient Hierarchical Level/Hierarchical Level Code	2000C - HL03	23 - Dependent	No Current Equivalent	23 - Dependent
61	Patient Hierarchical Level/Hierarchical Child Code	2000C - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure.	No Current Equivalent	0 - No Subordinate HL Segment in This Hierarchical Structure.

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
62	Patient Information/Individual Relationship Code	2000C - PAT01	01 - Spouse 04 - Grandfather or Grandmother 05 - Grandson or Granddaughter 07 - Nephew or Niece 09 - Adopted Child 10 - Foster Child 15 - Ward 17 - Stepson or Stepdaughter 19 - Child 20 - Employee 21 - Unknown 22 - Handicapped Dependent 23 - Sponsored Dependent 24 - Dependent of a Minor Dependent 29 - Significant Other 32 - Mother 33 - Father 34 - Other Adult 36 - Emancipated Minor 39 - Organ Donor 40 - Cadaver Donor 41 - Injured Plaintiff 43 - Child Where Insured Has No Financial Responsibility 53 - Life Partner G8 - Other Relationship	No Current Equivalent	01 - Spouse 04 - Grandfather or Grandmother 05 - Grandson or Granddaughter 07 - Nephew or Niece 09 - Adopted Child 10 - Foster Child 15 - Ward 17 - Stepson or Stepdaughter 19 - Child 20 - Employee 21 - Unknown 22 - Handicapped Dependent 23 - Sponsored Dependent 24 - Dependent of a Minor Dependent 29 - Significant Other 32 - Mother 33 - Father 34 - Other Adult 36 - Emancipated Minor 39 - Organ Donor 40 - Cadaver Donor 41 - Injured Plaintiff 43 - Child Where Insured Has No Financial Responsibility 53 - Life Partner G8 - Other Relationship
63	Patient Information/Date Time Period Format Qualifier	2000C - PAT05	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
64	Patient Information/Unit or Basis for Measurement Code	2000C - PAT07	GR - Gram	No Current Equivalent	GR - Gram
65	Patient Information/Pregnancy Indicator	2000C - PAT09	Y - Yes	No Current Equivalent	Y - Yes
66	Patient Name/Entity Identifier Code	2010CA - NM101	QC - Patient	No Current Equivalent	QC - Patient
67	Patient Name/Entity Type Qualifier	2010CA - NM102	1 - Person	No Current Equivalent	1 - Person

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
68	Patient Name/Identification Code Qualifier	2010CA - NM108	MI - Member Identification Number ZZ - Mutually Defined	No Current Equivalent	MI - Member Identification Number ZZ - Mutually Defined
69	Patient Demographic Information/Date Time Period Format Qualifier	2010CA - DMG01	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
70	Patient Demographic Information/Patient Gender Code	2010CA - DMG03	F - Female M - Male U - Unknown	F - Female M - Male	**F - Female** **M - Male** U - Unknown
71	Patient Secondary Identification/Reference Identification Qualifier	2010CA - REF01	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number Y4 - Agency Claim Number	No Current Equivalent	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number Y4 - Agency Claim Number
72	Claim Information/Provider or Supplier Signature Indicator	2300 - CLM06	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
73	Claim Information/Medicare Assignment Code	2300 - CLM07	A - Assigned B - Assignment Accepted on Clinical Lab Services Only C - Not Assigned P - Patient Refuses to Assign Benefits	No Current Equivalent	A - Assigned B - Assignment Accepted on Clinical Lab Services Only C - Not Assigned P - Patient Refuses to Assign Benefits
74	Claim Information/Benefits Assignment Certification Indicator	2300 - CLM08	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
75	Claim Information/Release of Information Code	2300 - CLM09	A - Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I - Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M - The Provider has Limited or Restricted Ability to Release Data Related to a Claim N - No, Provider is Not Allowed to Release Data O - On file at Payor or at Plan Sponsor Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	No Current Equivalent	A - Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I - Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M - The Provider has Limited or Restricted Ability to Release Data Related to a Claim N - No, Provider is Not Allowed to Release Data O - On file at Payor or at Plan Sponsor Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
76	Claim Information/Patient Signature Source Code	2300 - CLM10	B - Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file C - Signed HCFA-1500 Claim Form on file M - Signed signature authorization form for HCFA-1500 Claim Form block 13 on file P - Signature generated by provider because the patient was not physically present for services S - Signed signature authorization form for HCFA-1500 Claim Form block 12 on file	No Current Equivalent	B - Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file C - Signed HCFA-1500 Claim Form on file M - Signed signature authorization form for HCFA-1500 Claim Form block 13 on file P - Signature generated by provider because the patient was not physically present for services S - Signed signature authorization form for HCFA-1500 Claim Form block 12 on file
77	Claim Information/Related Causes Code	2300 - CLM11 - 01	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident	No Current Equivalent	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident
78	Claim Information/Related Causes Code	2300 - CLM11 - 02	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident	No Current Equivalent	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident
79	Claim Information/Related Causes Code	2300 - CLM11 - 03	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident	No Current Equivalent	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident
80	Claim Information/Special Program Indicator	2300 - CLM12	01 - Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) 02 - Physically Handicapped Children's Program 03 - Special Federal Funding 05 - Disability 07 - Induced Abortion - Danger to Life 08 - Induced Abortion - Rape or Incest 09 - Second Opinion or Surgery	No Current Equivalent	01 - Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) 02 - Physically Handicapped Children's Program 03 - Special Federal Funding 05 - Disability 07 - Induced Abortion - Danger to Life 08 - Induced Abortion - Rape or Incest 09 - Second Opinion or Surgery
81	Claim Information/Participation Agreement	2300 - CLM16	P - Participation Agreement	No Current Equivalent	P - Participation Agreement

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
82	Claim Information/Delay Reason Code	2300 - CLM20	1 - Proof of Eligibility Unknow n or Unavailable 10 - Administration Delay in the Prior Approval Process 11 - Other 2 - Litigation 3 - Authorization Delays 4 - Delay in Certifying Provider 5 - Delay in Supplying Billing Forms 6 - Delay in Delivery of Custom-made Appliances 7 - Third Party Processing Delay 8 - Delay in Eligibility Determination 9 - Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules	No Current Equivalent	1 - Proof of Eligibility Unknown or Unavailable 10 - Administration Delay in the Prior Approval Process 11 - Other 2 - Litigation 3 - Authorization Delays 4 - Delay in Certifying Provider 5 - Delay in Supplying Billing Forms 6 - Delay in Delivery of Custom-made Appliances 7 - Third Party Processing Delay 8 - Delay in Eligibility Determination 9 - Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
83	Date - Order Date/Date Time Qualifier – **DELETED BY ADDENDA**	2300 - DTP01	938 - Order	No Current Equivalent	938 - Order
84	Date - Order Date/Date Time Period Format Qualifier – **DELETED BY ADDENDA**	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
85	Date - Initial Treatment/Date Time Qualifier	2300 - DTP01	454 - Initial Treatment	No Current Equivalent	454 - Initial Treatment
86	Date - Initial Treatment/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
87	Date - Referral Date/Date Time Qualifier – **DELETED BY ADDENDA**	2300 - DTP01	330 - Referral Date	No Current Equivalent	330 - Referral Date
88	Date - Referral Date/Date Time Period Format – **DELETED BY ADDENDA** Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Ex pressed in Format CCYYMMDD
89	Date - Date Last Seen/Date Time Qualifier	2300 - DTP01	304 - Latest Visit or Consultation	No Current Equivalent	304 - Latest Visit or Consultation
90	Date - Date Last Seen/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
91	Date - Onset of Current Illness/Symptom/Date Time Qualifier	2300 - DTP01	431 - Onset of Current Symptoms or Illness	No Current Equivalent	431 - Onset of Current Symptoms or Illness
92	Date - Onset of Current Illness/Symptom/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
93	Date - Acute Manifestation/Date Time Qualifier	2300 - DTP01	453 - Acute Manifestation of a Chronic Condition	No Current Equivalent	453 - Acute Manifestation of a Chronic Condition
94	Date - Acute Manifestation/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
95	Date - Similar Illness/Symptom Onset/Date Time Qualifier	2300 - DTP01	438 - Onset of Similar Symptoms or Illness	No Current Equivalent	438 - Onset of Similar Symptoms or Illness
96	Date - Similar Illness/Symptom Onset/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
97	Date - Accident/Date Time Qualifier	2300 - DTP01	439 - Accident	No Current Equivalent	439 - Accident
98	Date - Accident/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
99	Date - Accident/Date Time Period Format Qualifier	2300 - DTP02	DT - Date and Time Expressed in Format CCYYMMDDHHMM	No Current Equivalent	DT - Date and Time Expressed in Format CCYYMMDDHHMM
100	Date - Last Menstrual Period/Date Time Qualifier	2300 - DTP01	484 - Last Menstrual Period	No Current Equivalent	484 - Last Menstrual Period
101	Date - Last Menstrual Period/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
102	Date - Last X-ray/Date Time Qualifier	2300 - DTP01	455 - Last X-Ray	No Current Equivalent	455 - Last X-Ray
103	Date - Last X-ray/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
104	Date - Estimated Date of Birth/Date Time Qualifier – **DELETED BY ADDENDA**	2300 - DTP01	ABC - Estimated Date of Birth	No Current Equivalent	ABC - Estimated Date of Birth
105	Date - Estimated Date of Birth/Date Time Period Format Qualifier – **DELETED BY ADDENDA**	2300 – DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
106	Date – Hearing and Vision Prescription Date/Date Time Qualifier	2300 – DTP01	471 – Prescription	No Current Equivalent	471 – Prescription
107	Date – Hearing and Vision Prescription Date/Date Time Period Format Qualifier	2300 – DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
108	Date – Disability Begin/Date Time Qualifier	2300 – DTP01	360 – Disability Begin	No Current Equivalent	360 – Disability Begin
109	Date – Disability Begin/Date Time Period Format Qualifier	2300 – DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
110	Date – Disability End/Date Time Qualifier	2300 – DTP01	361 – Disability End	No Current Equivalent	361 – Disability End
111	Date – Disability End/Date Time Period Format Qualifier	2300 – DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
112	Date – Last Worked/Date Time Qualifier	2300 – DTP01	297 – Date Last Worked	No Current Equivalent	297 – Date Last Worked
113	Date – Last Worked/Date Time Period Format Qualifier	2300 – DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
114	Date – Authorized Return to Work/Date Time Qualifier	2300 – DTP01	296 – Return to Work	No Current Equivalent	296 – Return to Work
115	Date – Authorized Return to Work/Date Time Period Format Qualifier	2300 – DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
116	Date – Admission/Date Time Qualifier	2300 – DTP01	435 – Admission	No Current Equivalent	435 – Admission

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117	Date – Admission/Date Time Period Format Qualifier	2300 – DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
118	Date – Discharge/Date Time Qualifier	2300 – DTP01	096 – Discharge	No Current Equivalent	096 – Discharge
119	Date – Discharge/Date Time Period Format Qualifier	2300 – DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
120	Date – Assumed and Relinquished Care Dates/Date Time Qualifier	2300 – DTP01	090 – Report Start 091 – Report End	No Current Equivalent	090 – Report Start 091 – Report End
121	Date – Assumed and Relinquished Care Dates/Date Time Period Format Qualifier	2300 – DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
122	Claim Supplemental Information/Attachment Report Type Code	2300 – PWK01	77 – Support Data for Verification AS – Admission Summary B2 – Prescription B3 – Physician Order B4 – Referral Form CT – Certification DA – Dental Models DG – Diagnostic Report DS – Discharge Summary EB – Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) MT – Models NN – Nursing Notes OB – Operative Note OZ – Support Data for Claim PN – Physical Therapy Notes PO – Prosthetics or Orthotic Certification PZ – Physical Therapy Certification RB – Radiology Films RR – Radiology Reports RT – Report of Tests and Analysis Report	No Current Equivalent	77 – Support Data for Verification AS – Admission Summary B2 – Prescription B3 – Physician Order B4 – Referral Form CT – Certification DA – Dental Models DG – Diagnostic Report DS – Discharge Summary EB – Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) MT – Models NN – Nursing Notes OB – Operative Note OZ – Support Data for Claim PN – Physical Therapy Notes PO – Prosthetics or Orthotic Certification PZ – Physical Therapy Certification RB – Radiology Films RR – Radiology Reports RT – Report of Tests and Analysis Report

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123	Claim Supplemental Information/Attachment Transmission Code	2300 – PWK02	AA – Available on Request at Provider Site BM – By Mail EL – Electronically Only EM – E-Mail FX – By Fax	No Current Equivalent	AA – Available on Request at Provider Site BM – By Mail EL – Electronically Only EM – E-Mail FX – By Fax
124	Claim Supplemental Information/Identification Code Qualifier	2300 – PWK05	AC – Attachment Control Number	No Current Equivalent	AC – Attachment Control Number
125	Contract Information/Contract Type Code	2300 – CN101	02 – Per Diem 03 – Variable Per Diem 04 – Flat 05 – Capitated 06 – Percent 09 – Other	**Subcapitated Code** 2300 FEE FOR SERVICE 2300 SUBCAPITATED 2300 PARTIALLY SUBCAPITATED 2300 DES DD STATE OWNED FACILITY 2300 CONTRACTED TRANSPLANT SERVICE 2300 MEDICAL SERVICES FOR NON-CONTRACTED SERV 2300 DENIED CLAIM 2300 UTILIZATION ENCOUNTERS 2300 NEGOTIATED SETTLEMENT ENCOUNTERS	02 – Per Diem 03 – Variable Per Diem 04 – Flat 05 – Capitated **(maps to AHCCCS value 01)** 06 – Percent 09 – Other **Note: All other AHCCCS values do not map and most are not appropriate for this field. A separate issue has been entered in the HIPAA Issues Log for each of these.** **Also, these values only apply to Encounters and not to FFS Claims.**
126	Credit/Debit Card Maximum Amount/Amount Qualifier Code	2300 – AMT01	MA – Maximum Amount	No Current Equivalent	MA – Maximum Amount
127	Patient Amount Paid/Amount Qualifier Code	2300 – AMT01	F5 – Patient Amount Paid	No Current Equivalent	F5 – Patient Amount Paid
128	Total Purchased Service Amount/Amount Qualifier Code	2300 – AMT01	NE – Net Billed	No Current Equivalent	NE – Net Billed
129	Service Authorization Exception Code/Reference Identification Qualifier	2300 – REF01	4N – Special Payment Reference Number	No Current Equivalent	4N – Special Payment Reference Number
130	Mandatory Medicare (Section 4081) Crossover Indicator/Reference Identification Qualifier	2300 – REF01	F5 – Medicare Version Code	No Current Equivalent	F5 – Medicare Version Code

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131	Mammography Certification Number/Reference Identification Qualifier	2300 – REF01	EW – Mammography Certification Number	No Current Equivalent	EW – Mammography Certification Number
132	Prior Authorization or Referral Number/Reference Identification Qualifier	2300 – REF01	9F – Referral Number G1 – Prior Authorization Number	No Current Equivalent	9F – Referral Number G1 – Prior Authorization Number
133	Original Reference Number (ICN/DCN)/Reference Identification Qualifier	2300 – REF01	F8 – Original Reference Number	No Current Equivalent	F8 – Original Reference Number
134	Clinical Laboratory Improvement Amendment (CLIA) Number/Reference Identification Qualifier	2300 – REF01	X4 – Clinical Laboratory Improvement Amendment Number	No Current Equivalent	X4 – Clinical Laboratory Improvement Amendment Number
135	Repriced Claim Number/Reference Identification Qualifier	2300 – REF01	9A – Repriced Claim Reference Number	No Current Equivalent	9A – Repriced Claim Reference Number
136	Adjusted Repriced Claim Number/Reference Identification Qualifier	2300 – REF01	9C – Adjusted Repriced Claim Reference Number	No Current Equivalent	9C – Adjusted Repriced Claim Reference Number
137	Investigational Device Exemption Number/Reference Identification Qualifier	2300 – REF01	LX – Qualified Products List	No Current Equivalent	LX – Qualified Products List
138	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries/Reference Identification Qualifier	2300 – REF01	D9 – Claim Number	No Current Equivalent	D9 – Claim Number
139	Ambulatory Patient Group (APG)/Reference Identification Qualifier	2300 – REF01	1S – Ambulatory Patient Group (APG) Number	No Current Equivalent	1S – Ambulatory Patient Group (APG) Number

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
140	Medical Record Number/Reference Identification Qualifier	2300 – REF01	EA – Medical Record Identification Number	No Current Equivalent	EA – Medical Record Identification Number
141	Demonstration Project Identifier/Reference Identification Qualifier	2300 – REF01	P4 – Project Code	No Current Equivalent	P4 – Project Code
142	Claim Note/Note Reference Code	2300 – NTE01	ADD – Additional Information CER – Certification Narrative DCP – Goals, Rehabilitation Potential, or Discharge Plans DGN – Diagnosis Description PMT – Payment TPO – Third Party Organization Notes	No Current Equivalent	ADD – Additional Information CER – Certification Narrative DCP – Goals, Rehabilitation Potential, or Discharge Plans DGN – Diagnosis Description PMT – Payment TPO – Third Party Organization Notes
143	Ambulance Transport Information/Unit or Basis for Measurement Code	2300 – CR101	LB – Pound	No Current Equivalent	LB – Pound
144	Ambulance Transport Information/Ambulance Transport Code	2300 – CR103	I – Initial Trip R – Return Trip T – Transfer Trip X – Round Trip	No Current Equivalent	I – Initial Trip R – Return Trip T – Transfer Trip X – Round Trip
145	Ambulance Transport Information/Ambulance Transport Reason Code	2300 – CR104	A – Patient was transported to nearest facility for care of symptoms, complaints, or both B – Patient was transported for the benefit of a preferred physician C – Patient was transported for the nearness of family members D – Patient was transported for the care of a specialist or for availability of specialized equipment E – Patient Transferred to Rehabilitation Facility	No Current Equivalent	A – Patient was transported to nearest facility for care of symptoms, complaints, or both B – Patient was transported for the benefit of a preferred physician C – Patient was transported for the nearness of family members D – Patient was transported for the care of a specialist or for availability of specialized equipment E – Patient Transferred to Rehabilitation Facility
146	Ambulance Transport Information/Unit or Basis for Measurement Code	2300 – CR105	DH – Miles	No Current Equivalent	DH – Miles

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147	Spinal Manipulation Service Information/Subluxation Level Code **– NOT USED BY ADDENDA**	2300 – CR203	C1 – Cervical 1 C2 – Cervical 2 C3 – Cervical 3 C4 – Cervical 4 C5 – Cervical 5 C6 – Cervical 6 C7 – Cervical 7 CO – Coccyx IL – Ilium L1 – Lumbar 1 L2 – Lumbar 2 L3 – Lumbar 3 L4 – Lumbar 4 L5 – Lumbar 5 OC – Occiput SA – Sacrum T1 – Thoracic 1 T10 – Thoracic 10 T11 – Thoracic 11 T12 – Thoracic 12 T2 – Thoracic 2 T3 – Thoracic 3 T4 – Thoracic 4 T5 – Thoracic 5 T6 – Thoracic 6 T7 – Thoracic 7 T8 – Thoracic 8 T9 – Thoracic 9	No Current Equivalent	C1 – Cervical 1 C2 – Cervical 2 C3 – Cervical 3 C4 – Cervical 4 C5 – Cervical 5 C6 – Cervical 6 C7 – Cervical 7 CO – Coccyx IL – Ilium L1 – Lumbar 1 L2 – Lumbar 2 L3 – Lumbar 3 L4 – Lumbar 4 L5 – Lumbar 5 OC – Occiput SA – Sacrum T1 – Thoracic 1 T10 – Thoracic 10 T11 – Thoracic 11 T12 – Thoracic 12 T2 – Thoracic 2 T3 – Thoracic 3 T4 – Thoracic 4 T5 – Thoracic 5 T6 – Thoracic 6 T7 – Thoracic 7 T8 – Thoracic 8 T9 – Thoracic 9

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
148	Spinal Manipulation Service Information/Subluxation Level Code – **NOT USED BY ADDENDA**	2300 – CR204	C1 – Cervical 1 C2 – Cervical 2 C3 – Cervical 3 C4 – Cervical 4 C5 – Cervical 5 C6 – Cervical 6 C7 – Cervical 7 CO – Coccyx IL – Ilium L1 – Lumbar 1 L2 – Lumbar 2 L3 – Lumbar 3 L4 – Lumbar 4 L5 – Lumbar 5 OC – Occiput SA – Sacrum T1 – Thoracic 1 T10 – Thoracic 10 T11 – Thoracic 11 T12 – Thoracic 12 T2 – Thoracic 2 T3 – Thoracic 3 T4 – Thoracic 4 T5 – Thoracic 5 T6 – Thoracic 6 T7 – Thoracic 7 T8 – Thoracic 8 T9 – Thoracic 9	No Current Equivalent	C1 – Cervical 1 C2 – Cervical 2 C3 – Cervical 3 C4 – Cervical 4 C5 – Cervical 5 C6 – Cervical 6 C7 – Cervical 7 CO – Coccyx IL – Ilium L1 – Lumbar 1 L2 – Lumbar 2 L3 – Lumbar 3 L4 – Lumbar 4 L5 – Lumbar 5 OC – Occiput SA – Sacrum T1 – Thoracic 1 T10 – Thoracic 10 T11 – Thoracic 11 T12 – Thoracic 12 T2 – Thoracic 2 T3 – Thoracic 3 T4 – Thoracic 4 T5 – Thoracic 5 T6 – Thoracic 6 T7 – Thoracic 7 T8 – Thoracic 8 T9 – Thoracic 9
149	Spinal Manipulation Service Information/Unit or Basis for Measurement Code – **NOT USED BY ADDENDA**	2300 – CR205	DA – Days MO – Months WK – Week YR – Years	No Current Equivalent	DA – Days MO – Months WK – Week YR – Years
150	Spinal Manipulation Service Information/Patient Condition Code	2300 – CR208	A – Acute Condition C – Chronic Condition D – Non-acute E – Non-Life Threatening F – Routine G – Symptomatic M – Acute Manifestation of a Chronic Condition	No Current Equivalent	A – Acute Condition C – Chronic Condition D – Non-acute E – Non-Life Threatening F – Routine G – Symptomatic M – Acute Manifestation of a Chronic Condition

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
151	Spinal Manipulation Service Information/Complication Indicator	2300 – CR209	N – No Y – Yes	No Current Equivalent	N – No Y – Yes
152	Spinal Manipulation Service Information/X-ray Availability Indicator	2300 – CR212	N – No Y – Yes	No Current Equivalent	N – No Y – Yes
153	Ambulance Certification/Code Category	2300 – CRC01	07 – Ambulance Certification	No Current Equivalent	07 – Ambulance Certification
154	Ambulance Certification/Certification Condition Indicator	2300 – CRC02	N – No Y – Yes	No Current Equivalent	N – No Y – Yes
155	Ambulance Certification/Condition Code	2300 – CRC03	01 – Patient was admitted to a hospital 02 – Patient was bed confined before the ambulance service 03 – Patient was bed confined after the ambulance service 04 – Patient was moved by stretcher 05 – Patient was unconscious or in shock 06 – Patient was transported in an emergency situation 07 – Patient had to be physically restrained 08 – Patient had visible hemorrhaging 09 – Ambulance service was medically necessary 60 – Transportation Was To the Nearest Facility	No Current Equivalent	01 – Patient was admitted to a hospital 02 – Patient was bed confined before the ambulance service 03 – Patient was bed confined after the ambulance service 04 – Patient was moved by stretcher 05 – Patient was unconscious or in shock 06 – Patient was transported in an emergency situation 07 – Patient had to be physically restrained 08 – Patient had visible hemorrhaging 09 – Ambulance service was medically necessary 60 – Transportation Was To the Nearest Facility
156	Patient Condition Information: Vision/Code Category	2300 – CRC01	E1 – Spectacle Lenses E2 – Contact Lenses E3 – Spectacle Frames	No Current Equivalent	E1 – Spectacle Lenses E2 – Contact Lenses E3 – Spectacle Frames
157	Patient Condition Information: Vision/Certification Condition Indicator	2300 – CRC02	N – No Y – Yes	No Current Equivalent	N – No Y – Yes
158	Patient Condition Information: Vision/Condition Code	2300 – CRC03	L1 – General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2 – Replacement Due to Loss or Theft L3 – Replacement Due to Breakage or Damage L4 – Replacement Due to Patient Preference L5 – Replacement Due to Medical Reason	No Current Equivalent	L1 – General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2 – Replacement Due to Loss or Theft L3 – Replacement Due to Breakage or Damage L4 – Replacement Due to Patient Preference L5 – Replacement Due to Medical Reason

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159	Homebound Indicator/Code Category	2300 – CRC01	75 – Functional Limitations	No Current Equivalent	75 – Functional Limitations
160	Homebound Indicator/Certification Condition Indicator	2300 – CRC02	Y – Yes	No Current Equivalent	Y – Yes
161	Homebound Indicator/Homebound Indicator	2300 – CRC03	IH – Independent at Home	No Current Equivalent	IH – Independent at Home
162	EPSDT Referral/Code Category	2300 – CRC01	ZZ – Mutually Defined EPSDT Screening referral information	No Current Equivalent	ZZ – Mutually Defined
163	EPSDT Referral/Yes/No Condition or Response Code	2300 – CRC02	N – No Y – Yes	No Current Equivalent	N – No Y – Yes
164	EPSDT Referral/Condition Indicator	2300 – CRC03	AV – Available – Not Used. Patient refused referral NU – Not Used. This conditioner indicator must be used when the submitter answers "N" in CRC02. S2 – Under Treatment. Patient is currently under treatment for referred diagnostic or corrective health problem. ST – New Services Requested. Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals)	No Current Equivalent	AV – Available – Not Used. NU – Not Used. S2 – Under Treatment. ST – New Services Requested.
165	EPSDT Referral/Condition Indicator	2300 – CRC04	AV – Available – Not Used. Patient refused referral NU – Not Used. This conditioner indicator must be used when the submitter answers "N" in CRC02. S2 – Under Treatment. Patient is currently under treatment for referred diagnostic or corrective	No Current Equivalent	AV – Available – Not Used. NU – Not Used. S2 – Under Treatment. ST – New Services Requested.

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
			health problem. ST – New Services Requested. Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals)		
166	EPSDT Referral/Condition Indicator	2300 – CRC05	AV – Available – Not Used. Patient refused referral NU – Not Used. This conditioner indicator must be used when the submitter answers "N" in CRC02. S2 – Under Treatment. Patient is currently under treatment for referred diagnostic or corrective health problem. ST – New Services Requested. Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals)	No Current Equivalent	AV – Available – Not Used. NU – Not Used. S2 – Under Treatment. ST – New Services Requested.
167	Health Care Diagnosis Code/Diagnosis Type Code	2300 - HI01 - 01	BK - Principal Diagnosis	No Current Equivalent	BK - Principal Diagnosis
168	Health Care Diagnosis Code/Diagnosis Type Code	2300 - HI02 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
169	Health Care Diagnosis Code/Diagnosis Type Code	2300 - HI03 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
170	Health Care Diagnosis Code/Diagnosis Type Code	2300 - HI04 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
171	Health Care Diagnosis Code/Diagnosis Type Code	2300 - HI05 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
172	Health Care Diagnosis Code/Diagnosis Type Code	2300 - HI06 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
173	Health Care Diagnosis Code/Diagnosis Type Code	2300 - HI07 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
174	Health Care Diagnosis Code/Diagnosis Type Code	2300 - HI08 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
175	Claim Pricing/Repricing Information/Pricing Methodology	2300 - HCP01	00 - Zero Pricing (Not Covered Under Contract) 01 - Priced as Billed at 100% 02 - Priced at the Standard Fee Schedule 03 - Priced at a Contractual Percentage 04 - Bundled Pricing 05 - Peer Review Pricing 07 - Flat Rate Pricing 08 - Combination Pricing 09 - Maternity Pricing 10 - Other Pricing 11 - Lower of Cost 12 - Ratio of Cost 13 - Cost Reimbursed 14 - Adjustment Pricing	No Current Equivalent	00 - Zero Pricing (Not Covered Under Contract) 01 - Priced as Billed at 100% 02 - Priced at the Standard Fee Schedule 03 - Priced at a Contractual Percentage 04 - Bundled Pricing 05 - Peer Review Pricing 07 - Flat Rate Pricing 08 - Combination Pricing 09 - Maternity Pricing 10 - Other Pricing 11 - Lower of Cost 12 - Ratio of Cost 13 - Cost Reimbursed 14 - Adjustment Pricing
176	Claim Pricing/Repricing Information/Reject Reason Code	2300 - HCP13	T1 - Cannot Identify Provider as TPO (Third Party Organization) Participant T2 - Cannot Identify Payer as TPO (Third Party Organization) Participant T3 - Cannot Identify Insured as TPO (Third Party Organization) Participant T4 - Payer Name or Identifier Missing T5 - Certification Information Missing T6 - Claim does not contain enough information for re-pricing	No Current Equivalent	T1 - Cannot Identify Provider as TPO (Third Party Organization) Participant T2 - Cannot Identify Payer as TPO (Third Party Organization) Participant T3 - Cannot Identify Insured as TPO (Third Party Organization) Participant T4 - Payer Name or Identifier Missing T5 - Certification Information Missing T6 - Claim does not contain enough information for re-pricing
177	Claim Pricing/Repricing Information/Policy Compliance Code	2300 - HCP14	1 - Procedure Followed (Compliance) 2 - Not Followed - Call Not Made (Non-Compliance Call Not Made) 3 - Not Medically Necessary (Non-Compliance Non-Medically Necessary) 4 - Not Followed Other (Non-Compliance Other) 5 - Emergency Admit to Non-Network Hospital	No Current Equivalent	1 - Procedure Followed (Compliance) 2 - Not Followed - Call Not Made (Non-Compliance Call Not Made) 3 - Not Medically Necessary (Non-Compliance Non-Medically Necessary) 4 - Not Followed Other (Non-Compliance Other) 5 - Emergency Admit to Non-Network Hospital

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178	Claim Pricing/Repricing Information/Exception Code	2300 - HCP15	1 - Non-Network Professional Provider in Network Hospital 2 - Emergency Care 3 - Services or Specialist not in Network 4 - Out-of-Service Area 5 - State Mandates 6 - Other	No Current Equivalent	1 - Non-Network Professional Provider in Network Hospital 2 - Emergency Care 3 - Services or Specialist not in Network 4 - Out-of-Service Area 5 - State Mandates 6 - Other
179	Home Health Care Plan Information/Discipline Type Code	2305 - CR701	AI - Home Health Aide MS - Medical Social Worker OT - Occupational Therapy PT - Physical Therapy SN - Skilled Nursing ST - Speech Therapy	No Current Equivalent	AI - Home Health Aide MS - Medical Social Worker OT - Occupational Therapy PT - Physical Therapy SN - Skilled Nursing ST - Speech Therapy
180	Health Care Services Delivery/Visits	2305 - HSD01	VS - Visits	No Current Equivalent	VS - Visits
181	Health Care Services Delivery/Frequency Period	2305 - HSD03	DA - Days MO - Months Q1 - Quarter (Time) WK - Week	No Current Equivalent	DA - Days MO - Months Q1 - Quarter (Time) WK - Week
182	Health Care Services Delivery/Duration of Visits Units	2305 - HSD05	35 - Week 7 - Day	No Current Equivalent	35 - Week 7 - Day

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
183	Health Care Services Delivery/Ship, Delivery or Calendar Pattern Code	2305 - HSD07	1 - 1st Week of the Month 2 - 2nd Week of the Month 3 - 3rd Week of the Month 4 - 4th Week of the Month 5 - 5th Week of the Month 6 - 1st & 3rd Weeks of the Month 7 - 2nd & 4th Weeks of the Month A - Monday through Friday B - Monday through Saturday C - Monday through Sunday D - Monday E - Tuesday F - Wednesday G - Thursday H - Friday J - Saturday K - Sunday L - Monday through Thursday N - As Directed O - Daily Mon. through Fri. S - Once Anytime Mon. through Fri.	No Current Equivalent	1 - 1st Week of the Month 2 - 2nd Week of the Month 3 - 3rd Week of the Month 4 - 4th Week of the Month 5 - 5th Week of the Month 6 - 1st & 3rd Weeks of the Month 7 - 2nd & 4th Weeks of the Month A - Monday through Friday B - Monday through Saturday C - Monday through Sunday D - Monday E - Tuesday F - Wednesday G - Thursday H - Friday J - Saturday K - Sunday L - Monday through Thursday N - As Directed O - Daily Mon. through Fri. S - Once Anytime Mon. through Fri.
184	Health Care Services Delivery/Ship, Delivery or Calendar Pattern Code	2305 - HSD07	Continue HSD07 code values: SA - Sunday, Monday, Thursday, Friday, Saturday SB - Tuesday through Saturday SC - Sunday, Wednesday, Thursday, Friday, Saturday SD - Monday, Wednesday, Thursday, Friday, Saturday SG - Tuesday through Friday SL - Monday, Tuesday and Thursday SP - Monday, Tuesday and Friday SX - Wednesday and Thursday SY - Monday, Wednesday and Thursday SZ - Tuesday, Thursday and Friday W - Whenever Necessary	No Current Equivalent	Continue HSD07 code values: SA - Sunday, Monday, Thursday, Friday, Saturday SB - Tuesday through Saturday SC - Sunday, Wednesday, Thursday, Friday, Saturday SD - Monday, Wednesday, Thursday, Friday, Saturday SG - Tuesday through Friday SL - Monday, Tuesday and Thursday SP - Monday, Tuesday and Friday SX - Wednesday and Thursday SY - Monday, Wednesday and Thursday SZ - Tuesday, Thursday and Friday W - Whenever Necessary
185	Health Care Services Delivery/Delivery Pattern Time Code	2305 - HSD08	D - A.M. E - P.M. F - As Directed	No Current Equivalent	D - A.M. E - P.M. F - As Directed

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186	Referring Provider Name/Entity Identifier Code	2310A - NM101	DN - Referring Provider P3 - Primary Care Provider	No Current Equivalent	DN - Referring Provider P3 - Primary Care Provider
187	Referring Provider Name/Entity Type Qualifier	2310A - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
188	Referring Provider Name/Identification Code Qualifier	2310A - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
189	Referring Provider Specialty Information/Provider Code	2310A - PRV01	RF - Referring	No Current Equivalent	RF - Referring
190	Referring Provider Specialty Information/Reference Identification Qualifier	2310A - PRV02	ZZ - Mutually Defined	No Current Equivalent	ZZ - Mutually Defined
191	Referring Provider Secondary Identification/Reference Identification Qualifier	2310A - REF01	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number
192	Rendering Provider Name/Entity Identifier Code	2310B - NM101	82 - Rendering Provider	No Current Equivalent	82 - Rendering Provider
193	Rendering Provider Name/Entity Type Qualifier	2310B - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
194	Rendering Provider Name/Identification Code Qualifier	2310B - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
195	Rendering Provider Specialty Information/Provider Code	2310B - PRV01	PE - Performing	No Current Equivalent	PE - Performing
196	Rendering Provider Specialty Information/Reference Identification Qualifier	2310B - PRV02	ZZ - Mutually Defined	No Current Equivalent	ZZ - Mutually Defined
197	Rendering Provider Secondary Identification/Reference Identification Qualifier	2310B - REF01	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number
198	Purchased Service Provider Name/Entity Identifier Code	2310C - NM101	QB - Purchase Service Provider	No Current Equivalent	QB - Purchase Service Provider
199	Purchased Service Provider Name/Entity Type Qualifier	2310C - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity

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AHCCCS 837 HIPAA Professional Transaction - Codes and Values Mapping
(FFS Claims and Encounters)

#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
200	Purchased Service Provider Name/Identification Code Qualifier	2310C - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
201	Purchased Service Provider Secondary Identification/Reference Identification Qualifier	2310C - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number U3 - Unique Supplier Identification Number (USIN) X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number U3 - Unique Supplier Identification Number (USIN) X5 - State Industrial Accident Provider Number
202	Service Facility Location/Entity Identifier Code	2310D - NM101	77 - Service Location FA - Facility LI - Independent Lab TL - Testing Laboratory	No Current Equivalent	77 - Service Location FA - Facility LI - Independent Lab TL - Testing Laboratory
203	Service Facility Location/Entity Type Qualifier	2310D - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
204	Service Facility Location/Identification Code Qualifier	2310D - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

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AHCCCS 837 HIPAA Professional Transaction - Codes and Values Mapping
(FFS Claims and Encounters)

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
205	Service Facility Location Secondary Identification/Reference Identification Qualifier	2310D - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number TJ - Federal Taxpayer's Identification Number X4 - Clinical Laboratory Improvement Amendment Number X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number TJ - Federal Taxpayer's Identification Number X4 - Clinical Laboratory Improvement Amendment Number X5 - State Industrial Accident Provider Number
206	Supervising Provider Name/Entity Identifier Code	2310E - NM101	DQ - Supervising Physician	No Current Equivalent	DQ - Supervising Physician
207	Supervising Provider Name/Entity Type Qualifier	2310E - NM102	1 - Person	No Current Equivalent	1 - Person
208	Supervising Provider Name/Identification Code Qualifier	2310E - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
209	Supervising Provider Secondary Identification/Reference Identification Qualifier	2310E - REF01	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
210	Other Subscriber Information/Payer Responsibility Sequence Number Code	2320 - SBR01	P - Primary S - Secondary T - Tertiary	No Current Equivalent	P - Primary S - Secondary T - Tertiary
211	Other Subscriber Information/Individual Relationship Code	2320 - SBR02	01 - Spouse 04 - Grandfather or Grandmother 05 - Grandson or Granddaughter 07 - Nephew or Niece 10 - Foster Child 15 - Ward 17 - Stepson or Stepdaughter 18 - Self 19 - Child 20 - Employee 21 - Unknown 22 - Handicapped Dependent 23 - Sponsored Dependent 24 - Dependent of a Minor Dependent 29 - Significant Other 32 - Mother 33 - Father 36 - Emancipated Minor 39 - Organ Donor 40 - Cadaver Donor 41 - Injured Plaintiff 43 - Child Where Insured Has No Financial Responsibility 53 - Life Partner G8 - Other Relationship	No Current Equivalent	01 - Spouse 04 - Grandfather or Grandmother 05 - Grandson or Granddaughter 07 - Nephew or Niece 10 - Foster Child 15 - Ward 17 - Stepson or Stepdaughter 18 - Self 19 - Child 20 - Employee 21 - Unknown 22 - Handicapped Dependent 23 - Sponsored Dependent 24 - Dependent of a Minor Dependent 29 - Significant Other 32 - Mother 33 - Father 36 - Emancipated Minor 39 - Organ Donor 40 - Cadaver Donor 41 - Injured Plaintiff 43 - Child Where Insured Has No Financial Responsibility 53 - Life Partner G8 - Other Relationship

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
212	Other Subscriber Information/Insurance Type Code	2320 - SBR05	AP - Auto Insurance Policy C1 - Commercial CP - Medicare Conditionally Primary GP - Group Policy HM - Health Maintenance Organization (HMO) IP - Individual Policy LD - Long Term Policy LT - Litigation MB - Medicare Part B MC - Medicaid MI - Medigap Part B MP - Medicare Primary OT - Other PP - Personal Payment (Cash - No Insurance) SP - Supplemental Policy	No Current Equivalent	AP - Auto Insurance Policy C1 - Commercial CP - Medicare Conditionally Primary GP - Group Policy HM - Health Maintenance Organization (HMO) IP - Individual Policy LD - Long Term Policy LT - Litigation MB - Medicare Part B MC - Medicaid MI - Medigap Part B MP - Medicare Primary OT - Other PP - Personal Payment (Cash - No Insurance) SP - Supplemental Policy
213	Other Subscriber Information/Claim Filing Indicator Code	2320 - SBR09	09 - Self-pay 10 - Central Certification 11 - Other Non-Federal Programs 12 - Preferred Provider Organization (PPO) 13 - Point of Service (POS) 14 - Exclusive Provider Organization (EPO) 15 - Indemnity Insurance 16 - Health Maintenance Organization (HMO) Medicare Risk AM - Automobile Medical BL - Blue Cross/Blue Shield CH - Champus CI - Commercial Insurance Co. DS - Disability HM - Health Maintenance Organization LI - Liability LM - Liability Medical MB - Medicare Part B MC - Medicaid OF - Other Federal Program TV - Title V VA - Veteran Administration Plan WC - Workers' Compensation Health Claim ZZ - Mutually Defined	No Current Equivalent	09 - Self-pay 10 - Central Certification 11 - Other Non-Federal Programs 12 - Preferred Provider Organization (PPO) 13 - Point of Service (POS) 14 - Exclusive Provider Organization (EPO) 15 - Indemnity Insurance 16 - Health Maintenance Organization (HMO) Medicare Risk AM - Automobile Medical BL - Blue Cross/Blue Shield CH - Champus CI - Commercial Insurance Co. DS - Disability HM - Health Maintenance Organization LI - Liability LM - Liability Medical MB - Medicare Part B MC - Medicaid OF - Other Federal Program TV - Title V VA - Veteran Administration Plan WC - Workers' Compensation Health Claim ZZ - Mutually Defined

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
214	Claim Level Adjustments/Claim Adjustment Group Code	2320 - CAS01	CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility	No Current Equivalent	CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility
215	Coordination of Benefits (COB) Payer Paid Amount/Amount Qualifier Code	2320 - AMT01	D - Payor Amount Paid	No Current Equivalent	D - Payor Amount Paid
216	Coordination of Benefits (COB) Approved Amount/Amount Qualifier Code	2320 - AMT01	AAE - Approved Amount	No Current Equivalent	AAE - Approved Amount
217	Coordination of Benefits (COB) Allowed Amount/Amount Qualifier Code	2320 - AMT01	B6 - Allowed - Actual	No Current Equivalent	B6 - Allowed - Actual
218	Coordination of Benefits (COB) Patient Responsibility Amount/Amount Qualifier Code	2320 - AMT01	F2 - Patient Responsibility - Actual	No Current Equivalent	F2 - Patient Responsibility - Actual
219	Coordination of Benefits (COB) Covered Amount/Amount Qualifier Code	2320 - AMT01	AU - Coverage Amount	No Current Equivalent	AU - Coverage Amount
220	Coordination of Benefits (COB) Discount Amount/Amount Qualifier Code	2320 - AMT01	D8 - Discount Amount	No Current Equivalent	D8 - Discount Amount
221	Coordination of Benefits (COB) Per Day Limit Amount/Amount Qualifier Code	2320 - AMT01	DY - Per Day Limit	No Current Equivalent	DY - Per Day Limit
222	Coordination of Benefits (COB) Patient Paid Amount/Amount Qualifier Code	2320 - AMT01	F5 - Patient Amount Paid	No Current Equivalent	F5 - Patient Amount Paid
223	Coordination of Benefits (COB) Tax Amount/Amount Qualifier Code	2320 - AMT01	T - Tax	No Current Equivalent	T - Tax

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
224	Coordination of Benefits (COB) Total Claim Before Taxes Amount/Amount Qualifier Code	2320 - AMT01	T2 - Total Claim Before Taxes	No Current Equivalent	T2 - Total Claim Before Taxes
225	Subscriber Demographic Information/Date Time Period Format Qualifier	2320 - DMG01	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
226	Subscriber Demographic Information/Other Insured Gender Code	2320 - DMG03	F - Female M - Male U - Unknown	No Current Equivalent	F - Female M - Male U - Unknown
227	Other Insurance Coverage Information/Benefits Assignment Certification Indicator	2320 - OI03	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
228	Other Insurance Coverage Information/Patient Signature Source Code	2320 - OI04	B - Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file C - Signed HCFA-1500 Claim Form on file M - Signed signature authorization form for HCFA-1500 Claim Form block 13 on file P - Signature generated by provider because the patient was not physically present for services S - Signed signature authorization form for HCFA-1500 Claim Form block 12 on file	No Current Equivalent	B - Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file C - Signed HCFA-1500 Claim Form on file M - Signed signature authorization form for HCFA-1500 Claim Form block 13 on file P - Signature generated by provider because the patient was not physically present for services S - Signed signature authorization form for HCFA-1500 Claim Form block 12 on file

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
229	Other Insurance Coverage Information/Release of Information Code	2320 - OI06	A - Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I - Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M - The Provider has Limited or Restricted Ability to Release Data Related to a Claim N - No, Provider is Not Allowed to Release Data O - On file at Payor or at Plan Sponsor Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	No Current Equivalent	A - Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I - Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M - The Provider has Limited or Restricted Ability to Release Data Related to a Claim N - No, Provider is Not Allowed to Release Data O - On file at Payor or at Plan Sponsor Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
230	Other Subscriber Name/Entity Identifier Code	2330A - NM101	IL - Insured or Subscriber	No Current Equivalent	IL - Insured or Subscriber
231	Other Subscriber Name/Entity Type Qualifier	2330A - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
232	Other Subscriber Name/Identification Code Qualifier	2330A - NM108	MI - Member Identification Number ZZ - Mutually Defined	No Current Equivalent	MI - Member Identification Number ZZ - Mutually Defined
233	Other Subscriber Secondary Identification/Reference Identification Qualifier	2330A - REF01	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number	No Current Equivalent	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number
234	Other Payer Name/Entity Identifier Code	2330B - NM101	PR - Payer	No Current Equivalent	PR - Payer
235	Other Payer Name/Entity Type Qualifier	2330B - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
236	Other Payer Name/Identification Code Qualifier	2330B - NM108	PI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	PI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
237	Other Payer Contact Information/Contact Function Code	2330B - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
238	Other Payer Contact Information/Communication Number Qualifier	2330B - PER03	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone
239	Other Payer Contact Information/Communication Number Qualifier	2330B - PER05	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
240	Other Payer Contact Information/Communication Number Qualifier	2330B - PER07	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
241	Claim Adjudication Date/Date Time Qualifier	2330B - DTP01	573 - Date Claim Paid	No Current Equivalent	573 - Date Claim Paid
242	Claim Adjudication Date/Date Time Period Format Qualifier	2330B - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
243	Other Payer Secondary Identifier/Reference Identification Qualifier	2330B - REF01	2U - Payer Identification Number F8 - Original Reference Number FY - Claim Office Number NF - National Association of Insurance Commissioners (NAIC) Code TJ - Federal Taxpayer's Identification Number	No Current Equivalent	2U - Payer Identification Number F8 - Original Reference Number FY - Claim Office Number NF - National Association of Insurance Commissioners (NAIC) Code TJ - Federal Taxpayer's Identification Number
244	Other Payer Prior Authorization or Referral Number/Reference Identification Qualifier	2330B - REF01	9F - Referral Number G1 - Prior Authorization Number	No Current Equivalent	9F - Referral Number G1 - Prior Authorization Number
245	Other Payer Claim Adjustment Indicator/Reference Identification Qualifier	2330B - REF01	T4 - Signal Code	No Current Equivalent	T4 - Signal Code
246	Other Payer Patient Information/Entity Identifier Code	2330C - NM101	QC - Patient	No Current Equivalent	QC - Patient

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
247	Other Payer Patient Information/Entity Type Qualifier	2330C - NM102	1 - Person	No Current Equivalent	1 - Person
248	Other Payer Patient Information/Identification Code Qualifier	2330C - NM108	MI - Member Identification Number	No Current Equivalent	MI - Member Identification Number
249	Other Payer Patient Identification/Reference Identification Qualifier	2330C - REF01	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number	No Current Equivalent	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number
250	Other Payer Referring Provider/Entity Identifier Code	2330D - NM101	DN - Referring Provider P3 - Primary Care Provider	No Current Equivalent	DN - Referring Provider P3 - Primary Care Provider
251	Other Payer Referring Provider/Entity Type Qualifier	2330D - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
252	Other Payer Referring Provider Identification/Reference Identification Qualifier	2330D - REF01	1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number	No Current Equivalent	1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number
253	Other Payer Rendering Provider/Entity Identifier Code	2330E - NM101	82 - Rendering Provider	No Current Equivalent	82 - Rendering Provider
254	Other Payer Rendering Provider/Entity Type Qualifier	2330E - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
255	Other Payer Rendering Provider Secondary Identification/Reference Identification Qualifier	2330E - REF01	1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number	No Current Equivalent	1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
256	Other Payer Purchased Service Provider/Entity Identifier Code	2330F - NM101	QB - Purchase Service Provider	No Current Equivalent	QB - Purchase Service Provider
257	Other Payer Purchased Service Provider/Entity Type Qualifier	2330F - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
258	Other Payer Purchased Service Provider Identification/Reference Identification Qualifier	2330F - REF01	1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number	No Current Equivalent	1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number
259	Other Payer Service Facility Location/Entity Identifier Code	2330G - NM101	77 - Service Location FA - Facility LI - Independent Lab TL - Testing Laboratory	No Current Equivalent	77 - Service Location FA - Facility LI - Independent Lab TL - Testing Laboratory
260	Other Payer Service Facility Location/Entity Type Qualifier	2330G - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
261	Other Payer Service Facility Location Identification/Reference Identification Qualifier	2330G - REF01	1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number	No Current Equivalent	1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number
262	Other Payer Supervising Provider/Entity Identifier Code	2330H - NM101	DQ - Supervising Physician	No Current Equivalent	DQ - Supervising Physician
263	Other Payer Supervising Provider/Entity Type Qualifier	2330H - NM102	1 - Person	No Current Equivalent	1 - Person

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
264	Other Payer Supervising Provider Identification/Reference Identification Qualifier	2330H - REF01	1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number EI - Employer's Identification Number G2 - Provider Commercial Number N5 - Provider Plan Network Identification Number	No Current Equivalent	1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number EI - Employer's Identification Number G2 - Provider Commercial Number N5 - Provider Plan Network Identification Number
265	Professional Service/Product or Service ID Qualifier	2400 - SV101 - 01	HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV - Home Infusion EDI Coalition (HIEC) Product/Service Code N1 - National Drug Code in 4-4-2 Format N2 - National Drug Code in 5-3-2 Format N3 - National Drug Code in 5-4-1 Format N4 - National Drug Code in 5-4-2 Format ZZ - Mutually Defined	No Current Equivalent	HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV - Home Infusion EDI Coalition (HIEC) Product/Service Code N1 - National Drug Code in 4-4-2 Format N2 - National Drug Code in 5-3-2 Format N3 - National Drug Code in 5-4-1 Format N4 - National Drug Code in 5-4-2 Format ZZ - Mutually Defined
266	Professional Service/Unit or Basis for Measurement Code	2400 - SV103	F2 - International Unit MJ - Minutes UN - Unit	No Current Equivalent	F2 - International Unit MJ - Minutes UN - Unit

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
267	Professional Service/Facility Code Value	2400 - SV105	Place of Service code: 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Health Center 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility	Place of Service code: 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Health Center 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility **Issues: AHCCCS has Place of Service 35 Adult Care Facility -no HIPAA IG Equivalent. We have checked the Source Document and Place of Service 35 is only allowable for Dental Claims. We will follow-up for Professional Claims. These issues have been recorded in the HIPAA Issues Log.**	Place of Service code: 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Health Center 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
268	Professional Service/Emergency Indicator	2400 - SV109	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
269	Professional Service/EPSDT Indicator	2400 - SV111	Y - Yes	No Current Equivalent	Y - Yes
270	Professional Service/Family Planning Indicator	2400 - SV112	Y - Yes	No Current Equivalent	Y - Yes
271	Professional Service/Co-Pay Status Code	2400 - SV115	0 - Copay exempt	No Current Equivalent	0 - Copay exempt
272	Durable Medical Equipment Service/Product/Service ID Qualifier	2400 – SV501-01	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	No Current Equivalent	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
273	Durable Medical Equipment Service/Frequency Code (Rental Unit Price Indicator)	2400 – SV506	1 – Weekly 4 – Monthly 6 – Daily	No Current Equivalent	1 – Weekly 4 – Monthly 6 – Daily
274	DMERC CMN Indicator/Attachment Report Type Code	2400 - PWK01	CT - Certification	No Current Equivalent	CT - Certification
275	DMERC CMN Indicator/Attachment Transmission Code	2400 - PWK02	AB - Previously Submitted to Payer AD - Certification Included in this Claim AF - Narrative Segment Included in this Claim AG - No Documentation is Required NS - Not Specified	No Current Equivalent	AB - Previously Submitted to Payer AD - Certification Included in this Claim AF - Narrative Segment Included in this Claim AG - No Documentation is Required NS - Not Specified
276	Ambulance Transport Information/Unit or Basis for Measurement Code	2400 - CR101	LB - Pound	No Current Equivalent	LB - Pound
277	Ambulance Transport Information/Ambulance Transport Code	2400 - CR103	I - Initial Trip R - Return Trip T - Transfer Trip X - Round Trip	No Current Equivalent	I - Initial Trip R - Return Trip T - Transfer Trip X - Round Trip

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
278	Ambulance Transport Information/Ambulance Transport Reason Code	2400 - CR104	A - Patient was transported to nearest facility for care of symptoms, complaints, or both B - Patient was transported for the benefit of a preferred physician C - Patient was transported for the nearness of family members D - Patient was transported for the care of a specialist or for availability of specialized equipment E - Patient Transferred to Rehabilitation Facility	No Current Equivalent	A - Patient was transported to nearest facility for care of symptoms, complaints, or both B - Patient was transported for the benefit of a preferred physician C - Patient was transported for the nearness of family members D - Patient was transported for the care of a specialist or for availability of specialized equipment E - Patient Transferred to Rehabilitation Facility
279	Ambulance Transport Information/Unit or Basis for Measurement Code	2400 - CR105	DH - Miles	No Current Equivalent	DH - Miles

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
280	Spinal Manipulation Service Information/Subluxation Level Code – **NOT USED BY ADDENDA**	2400 - CR203	C1 - Cervical 1 C2 - Cervical 2 C3 - Cervical 3 C4 - Cervical 4 C5 - Cervical 5 C6 - Cervical 6 C7 - Cervical 7 CO - Coccyx IL - Ilium L1 - Lumbar 1 L2 - Lumbar 2 L3 - Lumbar 3 L4 - Lumbar 4 L5 - Lumbar 5 OC - Occiput SA - Sacrum T1 - Thoracic 1 T10 - Thoracic 10 T11 - Thoracic 11 T12 - Thoracic 12 T2 - Thoracic 2 T3 - Thoracic 3 T4 - Thoracic 4 T5 - Thoracic 5 T6 - Thoracic 6 T7 - Thoracic 7 T8 - Thoracic 8 T9 - Thoracic 9	No Current Equivalent	C1 - Cervical 1 C2 - Cervical 2 C3 - Cervical 3 C4 - Cervical 4 C5 - Cervical 5 C6 - Cervical 6 C7 - Cervical 7 CO - Coccyx IL - Ilium L1 - Lumbar 1 L2 - Lumbar 2 L3 - Lumbar 3 L4 - Lumbar 4 L5 - Lumbar 5 OC - Occiput SA - Sacrum T1 - Thoracic 1 T10 - Thoracic 10 T11 - Thoracic 11 T12 - Thoracic 12 T2 - Thoracic 2 T3 - Thoracic 3 T4 - Thoracic 4 T5 - Thoracic 5 T6 - Thoracic 6 T7 - Thoracic 7 T8 - Thoracic 8 T9 - Thoracic 9

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
281	Spinal Manipulation Service Information/Subluxation Level Code – **NOT USED BY ADDENDA**	2400 - CR204	C1 - Cervical 1 C2 - Cervical 2 C3 - Cervical 3 C4 - Cervical 4 C5 - Cervical 5 C6 - Cervical 6 C7 - Cervical 7 CO - Coccyx IL - Ilium L1 - Lumbar 1 L2 - Lumbar 2 L3 - Lumbar 3 L4 - Lumbar 4 L5 - Lumbar 5 OC - Occiput SA - Sacrum T1 - Thoracic 1 T10 - Thoracic 10 T11 - Thoracic 11 T12 - Thoracic 12 T2 - Thoracic 2 T3 - Thoracic 3 T4 - Thoracic 4 T5 - Thoracic 5 T6 - Thoracic 6 T7 - Thoracic 7 T8 - Thoracic 8 T9 - Thoracic 9	No Current Equivalent	C1 - Cervical 1 C2 - Cervical 2 C3 - Cervical 3 C4 - Cervical 4 C5 - Cervical 5 C6 - Cervical 6 C7 - Cervical 7 CO - Coccyx IL - Ilium L1 - Lumbar 1 L2 - Lumbar 2 L3 - Lumbar 3 L4 - Lumbar 4 L5 - Lumbar 5 OC - Occiput SA - Sacrum T1 - Thoracic 1 T10 - Thoracic 10 T11 - Thoracic 11 T12 - Thoracic 12 T2 - Thoracic 2 T3 - Thoracic 3 T4 - Thoracic 4 T5 - Thoracic 5 T6 - Thoracic 6 T7 - Thoracic 7 T8 - Thoracic 8 T9 - Thoracic 9
282	Spinal Manipulation Service Information/Unit or Basis for Measurement Code – **NOT USED BY ADDENDA**	2400 – CR205	DA – Days MO – Months WK – Week YR – Years	No Current Equivalent	DA – Days MO – Months WK – Week YR – Years
283	Spinal Manipulation Service Information/Patient Condition Code	2400 – CR208	A – Acute Condition C – Chronic Condition D – Non-acute E – Non-Life Threatening F – Routine G – Symptomatic M – Acute Manifestation of a Chronic Condition	No Current Equivalent	A – Acute Condition C – Chronic Condition D – Non-acute E – Non-Life Threatening F – Routine G – Symptomatic M – Acute Manifestation of a Chronic Condition

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
284	Spinal Manipulation Service Information/Complication Indicator - **NOT USED BY ADDENDA**	2400 - CR209	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
285	Spinal Manipulation Service Information/X-ray Availability Indicator	2400 - CR212	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
286	Durable Medical Equipment Certification/Certification Type Code	2400 - CR301	I - Initial R - Renewal S - Revised	No Current Equivalent	I - Initial R - Renewal S - Revised
287	Durable Medical Equipment Certification/Unit or Basis for Measurement Code	2400 - CR302	MO - Months	No Current Equivalent	MO - Months
288	Home Oxygen Therapy Information/Certification Type Code	2400 - CR501	I - Initial R - Renewal S - Revised	No Current Equivalent	I - Initial R - Renewal S - Revised
289	Home Oxygen Therapy Information/Oxygen Test Condition Code	2400 - CR512	E - Exercising R - At rest on room air S - Sleeping	No Current Equivalent	E - Exercising R - At rest on room air S - Sleeping
290	Home Oxygen Therapy Information/Oxygen Test Findings Code	2400 - CR513	1 - Dependent edema suggesting congestive heart failure	No Current Equivalent	1 - Dependent edema suggesting congestive heart failure
291	Home Oxygen Therapy Information/Oxygen Test Findings Code	2400 - CR514	2 - "P" Pulmonale on Electrocardiogram (EKG)	No Current Equivalent	2 - "P" Pulmonale on Electrocardiogram (EKG)
292	Home Oxygen Therapy Information/Oxygen Test Findings Code	2400 - CR515	3 - Erythrocythemia with a hematocrit greater than 56 percent	No Current Equivalent	3 - Erythrocythemia with a hematocrit greater than 56 percent
293	Ambulance Certification/Code Category	2400 - CRC01	07 - Ambulance Certification	No Current Equivalent	07 - Ambulance Certification
294	Ambulance Certification/Certification Condition Indicator	2400 - CRC02	N - No Y - Yes	No Current Equivalent	N - No Y - Yes

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
295	Ambulance Certification/Condition Code	2400 - CRC03	01 - Patient was admitted to a hospital 02 - Patient was bed confined before the ambulance service 03 - Patient was bed confined after the ambulance service 04 - Patient was moved by stretcher 05 - Patient was unconscious or in shock 06 - Patient was transported in an emergency situation 07 - Patient had to be physically restrained 08 - Patient had visible hemorrhaging 09 - Ambulance service was medically necessary 60 - Transportation Was To the Nearest Facility	No Current Equivalent	01 - Patient was admitted to a hospital 02 - Patient was bed confined before the ambulance service 03 - Patient was bed confined after the ambulance service 04 - Patient was moved by stretcher 05 - Patient was unconscious or in shock 06 - Patient was transported in an emergency situation 07 - Patient had to be physically restrained 08 - Patient had visible hemorrhaging 09 - Ambulance service was medically necessary 60 - Transportation Was To the Nearest Facility
296	Hospice Employee Indicator/Code Category	2400 - CRC01	70 - Hospice	No Current Equivalent	70 - Hospice
297	Hospice Employee Indicator/Hospice Employed Provider Indicator	2400 - CRC02	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
298	Hospice Employee Indicator/Condition Indicator	2400 - CRC03	65 - Open	No Current Equivalent	65 - Open
299	DMERC Condition Indicator/Code Category	2400 - CRC01	09 - Durable Medical Equipment Certification 11 - Oxygen Therapy Certification	No Current Equivalent	09 - Durable Medical Equipment Certification 11 - Oxygen Therapy Certification
300	DMERC Condition Indicator/Certification Condition Indicator	2400 - CRC02	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
301	DMERC Condition Indicator/Condition Indicator	2400 - CRC03	37 - Oxygen delivery equipment is stationary 38 - Certification signed by the physician is on file at the supplier's office AL - Ambulation Limitations P1 - Patient was Discharged from the First Facility ZV - Replacement Item	No Current Equivalent	37 - Oxygen delivery equipment is stationary 38 - Certification signed by the physician is on file at the supplier's office AL - Ambulation Limitations P1 - Patient was Discharged from the First Facility ZV - Replacement Item
302	Date - Service Date/Date Time Qualifier	2400 - DTP01	472 - Service	No Current Equivalent	472 - Service

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
303	Date - Service Date/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
304	Date - Certification Revision Date/Date Time Qualifier	2400 - DTP01	607 - Certification Revision	No Current Equivalent	607 - Certification Revision
305	Date - Certification Revision Date/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
306	Date - Referral Date/Date Time Qualifier – **DELETED BY ADDENDA**	2400 - DTP01	330 - Referral Date	No Current Equivalent	330 - Referral Date
307	Date – Referral Date/Date Time Period Format Qualifier – **DELETED BY ADDENDA**	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
308	Date - Begin Therapy Date/Date Time Qualifier	2400 - DTP01	463 - Begin Therapy	No Current Equivalent	463 - Begin Therapy
309	Date - Begin Therapy Date/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
310	Date - Last Certification Date/Date Time Qualifier	2400 - DTP01	461 - Last Certification	No Current Equivalent	461 - Last Certification
311	Date - Last Certification Date/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
312	Date - Order Date/Date Time Qualifier – **DELETED BY ADDENDA**	2400 - DTP01	938 - Order	No Current Equivalent	938 - Order
313	Date - Order Date/Date Time Period Format Qualifier – **DELETED BY ADDENDA**	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
314	Date - Date Last Seen/Date Time Qualifier	2400 - DTP01	304 - Latest Visit or Consultation	No Current Equivalent	304 - Latest Visit or Consultation
315	Date - Date Last Seen/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
316	Date - Test/Date Time Qualifier	2400 - DTP01	738 - Most Recent Hemoglobin or Hematocrit or Both 739 - Most Recent Serum Creatine	No Current Equivalent	738 - Most Recent Hemoglobin or Hematocrit or Both 739 - Most Recent Serum Creatine
317	Date - Test/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
318	Date - Oxygen Saturation/Arterial Blood Gas Test/Date Time Qualifier	2400 - DTP01	119 - Test Performed 480 - Arterial Blood Gas Test 481 - Oxygen Saturation Test	No Current Equivalent	119 - Test Performed 480 - Arterial Blood Gas Test 481 - Oxygen Saturation Test
319	Date - Oxygen Saturation/Arterial Blood Gas Test/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
320	Date - Shipped/Date Time Qualifier	2400 - DTP01	011 - Shipped	No Current Equivalent	011 - Shipped
321	Date - Shipped/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
322	Date - Onset of Current Symptom/Illness/Date Time Qualifier	2400 - DTP01	431 - Onset of Current Symptoms or Illness	No Current Equivalent	431 - Onset of Current Symptoms or Illness
323	Date - Onset of Current Symptom/Illness/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
324	Date - Last X-ray/Date Time Qualifier	2400 - DTP01	455 - Last X-Ray	No Current Equivalent	455 - Last X-Ray
325	Date - Last X-ray/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
326	Date - Acute Manifestation/Date Time Qualifier	2400 - DTP01	453 - Acute Manifestation of a Chronic Condition	No Current Equivalent	453 - Acute Manifestation of a Chronic Condition
327	Date - Acute Manifestation/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
328	Date - Initial Treatment/Date Time Qualifier	2400 - DTP01	454 - Initial Treatment	No Current Equivalent	454 - Initial Treatment
329	Date - Initial Treatment/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
330	Date - Similar Illness/Symptom Onset/Date Time Qualifier	2400 - DTP01	438 - Onset of Similar Symptoms or Illness	No Current Equivalent	438 - Onset of Similar Symptoms or Illness
331	Date - Similar Illness/Symptom Onset/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
332	Anesthesia Modifying Units/Quantity Qualifier – **DELETED BY ADDENDA**	2400 – QTY01	BF – Age Modifying Units EC – Use of Extracorporeal Circulation EM – Emergency Modifying Units HM – Use of Hypothermia HO – Use of Hypotension HP – Use of Hyperbaric Pressurization P3 – Physical Status III P4 – Physical Status IV P5 – Physical Status V SG – Swan-Ganz	No Current Equivalent	BF – Age Modifying Units EC – Use of Extracorporeal Circulation EM – Emergency Modifying Units HM – Use of Hypothermia HO – Use of Hypotension HP – Use of Hyperbaric Pressurization P3 – Physical Status III P4 – Physical Status IV P5 – Physical Status V SG – Swan-Ganz
333	Test Result/Measurement Reference Identification Code	2400 – MEA01	OG – Original TR – Test Results	No Current Equivalent	OG – Original TR – Test Results
334	Test Result/Measurement Qualifier	2400 – MEA02	CON – Concentration GRA – Gas Test Rate HT – Height R1 – Hemoglobin R2 – Hematocrit R3 – Epoetin Starting Dosage R4 – Creatin ZO – Oxygen	No Current Equivalent	CON – Concentration GRA – Gas Test Rate HT – Height R1 – Hemoglobin R2 – Hematocrit R3 – Epoetin Starting Dosage R4 – Creatin ZO – Oxygen
335	Contract Information/Contract Type Code	2400 – CN101	01 – Diagnosis Related Group (DRG) 02 – Per Diem 03 – Variable Per Diem 04 – Flat 05 – Capitated 06 – Percent 09 – Other	No Current Equivalent	01 – Diagnosis Related Group (DRG) 02 – Per Diem 03 – Variable Per Diem 04 – Flat 05 – Capitated 06 – Percent 09 – Other

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
336	Repriced Line Item Reference Number/Reference Identification Qualifier	2400 – REF01	9B – Repriced Line Item Reference Number	No Current Equivalent	9B – Repriced Line Item Reference Number
337	Adjusted Repriced Line Item Reference Number/Reference Identification Qualifier	2400 – REF01	9D – Adjusted Repriced Line Item Reference Number	No Current Equivalent	9D – Adjusted Repriced Line Item Reference Number
338	Prior Authorization or Referral Number/Reference Identification Qualifier	2400 – REF01	9F – Referral Number G1 – Prior Authorization Number	No Current Equivalent	9F – Referral Number G1 – Prior Authorization Number
339	Line Item Control Number/Reference Identification Qualifier	2400 – REF01	6R – Provider Control Number	No Current Equivalent	6R – Provider Control Number
340	Mammography Certification Number/Reference Identification Qualifier	2400 – REF01	EW – Mammography Certification Number	No Current Equivalent	EW – Mammography Certification Number
341	Clinical Laboratory Improvement Amendment (CLIA) Identification/Reference Identification Qualifier	2400 – REF01	X4 – Clinical Laboratory Improvement Amendment Number	No Current Equivalent	X4 – Clinical Laboratory Improvement Amendment Number
342	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification/Reference Identification Qualifier	2400 – REF01	F4 – Facility Certification Number	No Current Equivalent	F4 – Facility Certification Number
343	Immunization Batch Number/Reference Identification Qualifier	2400 – REF01	BT – Batch Number	No Current Equivalent	BT – Batch Number
344	Ambulatory Patient Group (APG)/Reference Identification Qualifier	2400 – REF01	1S – Ambulatory Patient Group (APG) Number	No Current Equivalent	1S – Ambulatory Patient Group (APG) Number
345	Oxygen Flow Rate/Reference Identification Qualifier	2400 – REF01	TP – Test Specification Number	No Current Equivalent	TP – Test Specification Number

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	Identification Qualifier				
346	Universal Product Number (UPN)/Reference Identification Qualifier	2400 – REF01	OZ – Product Number	No Current Equivalent	OZ – Product Number
347	Universal Product Number (UPN)/Reference Identification Qualifier	2400 – REF01	VP – Vendor Product Number	No Current Equivalent	VP – Vendor Product Number
348	Sales Tax Amount/Amount Qualifier Code	2400 – AMT01	T – Tax AAE – Approved Amount F4 – Postage Claimed	No Current Equivalent	T – Tax AAE – Approved Amount F4 – Postage Claimed
349	Line Note/Note Reference Code	2400 – NTE01	ADD – Additional Information DCP – Goals, Rehabilitation Potential, or Discharge Plans PMT – Payment TPO – Third Party Organization Notes	No Current Equivalent	ADD – Additional Information DCP – Goals, Rehabilitation Potential, or Discharge Plans PMT – Payment TPO – Third Party Organization Notes
350	Health Care Services Delivery/Visits	2400 – HSD01	VS – Visits	No Current Equivalent	VS – Visits
351	Health Care Services Delivery/Frequency Period	2400 – HSD03	DA – Days MO – Months Q1 – Quarter (Time) WK – Week	No Current Equivalent	DA – Days MO – Months Q1 – Quarter (Time) WK – Week
352	Health Care Services Delivery/Duration of Visits Units	2400 – HSD05	34 – Month 35 – Week 7 – Day	No Current Equivalent	34 – Month 35 – Week 7 – Day

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
353	Health Care Services Delivery/Ship, Delivery or Calendar Pattern Code	2400 – HSD07	1 – 1st Week of the Month 2 – 2nd Week of the Month 3 – 3rd Week of the Month 4 – 4th Week of the Month 5 – 5th Week of the Month 6 – 1st & 3rd Weeks of the Month 7 – 2nd & 4th Weeks of the Month A – Monday through Friday B – Monday through Saturday C – Monday through Sunday D – Monday E – Tuesday F – Wednesday G – Thursday H – Friday J – Saturday K – Sunday L – Monday through Thursday N – As Directed O – Daily Mon. through Fri.	No Current Equivalent	1 – 1st Week of the Month 2 – 2nd Week of the Month 3 – 3rd Week of the Month 4 – 4th Week of the Month 5 – 5th Week of the Month 6 – 1st & 3rd Weeks of the Month 7 – 2nd & 4th Weeks of the Month A – Monday through Friday B – Monday through Saturday C – Monday through Sunday D – Monday E – Tuesday F – Wednesday G – Thursday H – Friday J – Saturday K – Sunday L – Monday through Thursday N – As Directed O – Daily Mon. through Fri.
354	Health Care Services Delivery/Ship, Delivery or Calendar Pattern Code	2400 – HSD07	Continue HSD07 code values: SA – Sunday, Monday, Thursday, Friday, Saturday SB – Tuesday through Saturday SC – Sunday, Wednesday, Thursday, Friday, Saturday SD – Monday, Wednesday, Thursday, Friday, Saturday SG – Tuesday through Friday SL – Monday, Tuesday and Thursday SP – Monday, Tuesday and Friday SX – Wednesday and Thursday SY – Monday, Wednesday and Thursday SZ – Tuesday, Thursday and Friday W – Whenever Necessary	No Current Equivalent	Continue HSD07 code values: SA – Sunday, Monday, Thursday, Friday, Saturday SB – Tuesday through Saturday SC – Sunday, Wednesday, Thursday, Friday, Saturday SD – Monday, Wednesday, Thursday, Friday, Saturday SG – Tuesday through Friday SL – Monday, Tuesday and Thursday SP – Monday, Tuesday and Friday SX – Wednesday and Thursday SY – Monday, Wednesday and Thursday SZ – Tuesday, Thursday and Friday W – Whenever Necessary
355	Health Care Services Delivery/Delivery Pattern Time Code	2400 – HSD08	D – A.M. E – P.M. F – As Directed	No Current Equivalent	D – A.M. E – P.M. F – As Directed

#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
356	Line Pricing/Repricing Information/Pricing Methodology	2400 – HCP01	00 – Zero Pricing (Not Covered Under Contract) 01 – Priced as Billed at 100% 02 – Priced at the Standard Fee Schedule 03 – Priced at a Contractual Percentage 04 – Bundled Pricing 05 – Peer Review Pricing 06 – Per Diem Pricing 07 – Flat Rate Pricing 08 – Combination Pricing 09 – Maternity Pricing 10 – Other Pricing 11 – Lower of Cost 12 – Ratio of Cost 13 – Cost Reimbursed 14 – Adjustment Pricing	No Current Equivalent	00 – Zero Pricing (Not Covered Under Contract) 01 – Priced as Billed at 100% 02 – Priced at the Standard Fee Schedule 03 – Priced at a Contractual Percentage 04 – Bundled Pricing 05 – Peer Review Pricing 06 – Per Diem Pricing 07 – Flat Rate Pricing 08 – Combination Pricing 09 – Maternity Pricing 10 – Other Pricing 11 – Lower of Cost 12 – Ratio of Cost 13 – Cost Reimbursed 14 – Adjustment Pricing
357	Line Pricing/Repricing Information/Product or Service ID Qualifier	2400 – HCP09	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV – Home Infusion EDI Coalition (HIEC) Product/Service Code ZZ – Mutually Defined	No Current Equivalent	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV – Home Infusion EDI Coalition (HIEC) Product/Service Code ZZ – Mutually Defined
358	Line Pricing/Repricing Information/Unit or Basis for Measurement Code	2400 – HCP11	DA – Days UN – Unit	No Current Equivalent	DA – Days UN – Unit
359	Line Pricing/Repricing Information/Reject Reason Code	2400 – HCP13	T1 – Cannot Identify Provider as TPO (Third Party Organization) Participant T2 – Cannot Identify Payer as TPO (Third Party Organization) Participant T3 – Cannot Identify Insured as TPO (Third Party Organization) Participant T4 – Payer Name or Identifier Missing T5 – Certification Information Missing T6 – Claim does not contain enough information for re-pricing	No Current Equivalent	T1 – Cannot Identify Provider as TPO (Third Party Organization) Participant T2 – Cannot Identify Payer as TPO (Third Party Organization) Participant T3 – Cannot Identify Insured as TPO (Third Party Organization) Participant T4 – Payer Name or Identifier Missing T5 – Certification Information Missing T6 – Claim does not contain enough information for re-pricing

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
360	Line Pricing/Repricing Information/Policy Compliance Code	2400 – HCP14	1 – Procedure Followed (Compliance) 2 – Not Followed – Call Not Made (Non-Compliance Call Not Made) 3 – Not Medically Necessary (Non-Compliance Non-Medically Necessary) 4 – Not Followed Other (Non-Compliance Other) 5 – Emergency Admit to Non-Network Hospital	No Current Equivalent	1 – Procedure Followed (Compliance) 2 – Not Followed – Call Not Made (Non-Compliance Call Not Made) 3 – Not Medically Necessary (Non-Compliance Non-Medically Necessary) 4 – Not Followed Other (Non-Compliance Other) 5 – Emergency Admit to Non-Network Hospital
361	Line Pricing/Repricing Information/Exception Code	2400 – HCP15	1 – Non-Network Professional Provider in Network Hospital 2 – Emergency Care 3 – Services or Specialist not in Network 4 – Out-of-Service Area 5 – State Mandates 6 – Other	No Current Equivalent	1 – Non-Network Professional Provider in Network Hospital 2 – Emergency Care 3 – Services or Specialist not in Network 4 – Out-of-Service Area 5 – State Mandates 6 – Other
362	Drug Identification/Product/Service ID qualifier	2410 – LIN02	N4 – National Drug Code in 5-4-2 format	No Current Equivalent	N4 – National Drug Code in 5-4-2 format
363	Drug Pricing/Unit or Basis for Measurement Code	2410 – CTP05-01	F2 – International Unit GR – Gram ML – Milliliter UN – Unit	No Current Equivalent	F2 – International Unit GR – Gram ML – Milliliter UN – Unit
364	Prescription Number/Reference Identification Qualifier	2410 – REF01	XZ – Pharmacy Prescription Number	No Current Equivalent	XZ – Pharmacy Prescription Number
365	Rendering Provider Name/Entity Identifier Code	2420A - NM101	82 - Rendering Provider	No Current Equivalent	82 - Rendering Provider
366	Rendering Provider Name/Entity Type Qualifier	2420A - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
367	Rendering Provider Name/Identification Code Qualifier	2420A - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
368	Rendering Provider Specialty Information/Provider Code	2420A - PRV01	PE - Performing	No Current Equivalent	PE - Performing

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	Information/Provider Code				
369	Rendering Provider Specialty Information/Reference Identification Qualifier	2420A - PRV02	ZZ - Mutually Defined	No Current Equivalent	ZZ - Mutually Defined
370	Rendering Provider Secondary Identification/Reference Identification Qualifier	2420A - REF01	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number
371	Purchased Service Provider Name/Entity Identifier Code	2420B - NM101	QB - Purchase Service Provider	No Current Equivalent	QB - Purchase Service Provider
372	Purchased Service Provider Name/Entity Type Qualifier	2420B - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
373	Purchased Service Provider Name/Identification Code Qualifier	2420B - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
374	Purchased Service Provider Secondary Identification/Reference Identification Qualifier	2420B - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number U3 - Unique Supplier Identification Number (USIN) X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number U3 - Unique Supplier Identification Number (USIN) X5 - State Industrial Accident Provider Number
375	Service Facility Location/Entity Identifier Code	2420C - NM101	77 - Service Location FA - Facility LI - Independent Lab TL - Testing Laboratory	No Current Equivalent	77 - Service Location FA - Facility LI - Independent Lab TL - Testing Laboratory
376	Service Facility Location/Entity Type Qualifier	2420C - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
377	Service Facility Location/Identification Code Qualifier	2420C - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
378	Service Facility Location Secondary Identification/Reference Identification Qualifier	2420C - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number TJ - Federal Taxpayer's Identification Number X4 - Clinical Laboratory Improvement Amendment Number X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Pr ovider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number TJ - Federal Taxpayer's Identification Number X4 - Clinical Laboratory Improvement Amendment Number X5 - State Industrial Accident Provider Number
379	Supervising Provider Name/Entity Identifier Code	2420D - NM101	DQ - Supervising Physician	No Current Equivalent	DQ - Supervising Physician
380	Supervising Provider Name/Entity Type Qualifier	2420D - NM102	1 - Person	No Current Equivalent	1 - Person
381	Supervising Provider Name/Identification Code Qualifier	2420D - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
382	Supervising Provider Secondary Identification/Reference Identification Qualifier	2420D - REF01	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number

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AHCCCS 837 HIPAA Professional Transaction - Codes and Values Mapping
(FFS Claims and Encounters)

#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
383	Ordering Provider Name/Entity Identifier Code	2420E - NM101	DK - Ordering Physician	No Current Equivalent	DK - Ordering Physician
384	Ordering Provider Name/Entity Type Qualifier	2420E - NM102	1 - Person	No Current Equivalent	1 - Person
385	Ordering Provider Name/Identification Code Qualifier	2420E - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
386	Ordering Provider Secondary Identification/Reference Identification Qualifier	2420E - REF01	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number
387	Ordering Provider Contact Information/Contact Function Code	2420E - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact
388	Ordering Provider Contact Information/Communication Number Qualifier	2420E - PER03	EM - Electronic Mail FX - Facsimile TE - Telephone	No Current Equivalent	EM - Electronic Mail FX - Facsimile TE - Telephone
389	Ordering Provider Contact Information/Communication Number Qualifier	2420E - PER05	EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
390	Ordering Provider Contact Information/Communication Number Qualifier	2420E - PER07	EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
391	Referring Provider Name/Entity Identifier Code	2420F - NM101	DN - Referring Provider P3 - Primary Care Provider	No Current Equivalent	DN - Referring Provider P3 - Primary Care Provider
392	Referring Provider Name/Entity Type Qualifier	2420F - NM102	1 - Person	No Current Equivalent	1 - Person
393	Referring Provider Name/Identification Code Qualifier	2420F - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
394	Referring Provider Specialty Information/Provider Code	2420F - PRV01	RF - Referring	No Current Equivalent	RF - Referring
395	Referring Provider Specialty Information/Reference Identification Qualifier	2420F - PRV02	ZZ - Mutually Defined	No Current Equivalent	ZZ - Mutually Defined
396	Referring Provider Secondary Identification/Reference Identification Qualifier	2420F - REF01	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number
397	Other Payer Prior Authorization or Referral Number/Entity Identifier Code	2420G - NM101	PR - Payer	No Current Equivalent	PR - Payer
398	Other Payer Prior Authorization or Referral Number/Entity Type Qualifier	2420G - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
399	Other Payer Prior Authorization or Referral Number/Identification Code Qualifier	2420G - NM108	PI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	PI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
400	Other Payer Prior Authorization or Referral Number/Reference Identification Qualifier	2420G - REF01	9F - Referral Number G1 - Prior Authorization Number	No Current Equivalent	9F - Referral Number G1 - Prior Authorization Number
401	Line Adjudication Information/Product or Service ID Qualifier	2430 - SVD03 - 01	HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV - Home Infusion EDI Coalition (HIEC) Product/Service Code N1 - National Drug Code in 4-4-2 Format N2 - National Drug Code in 5-3-2 Format N3 - National Drug Code in 5-4-1 Format N4 - National Drug Code in 5-4-2 Format ZZ - Mutually Defined	No Current Equivalent	HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV - Home Infusion EDI Coalition (HIEC) Product/Service Code N1 - National Drug Code in 4-4-2 Format N2 - National Drug Code in 5-3-2 Format N3 - National Drug Code in 5-4-1 Format N4 - National Drug Code in 5-4-2 Format ZZ - Mutually Defined
402	Line Adjustment/Claim Adjustment Group Code	2430 - CAS01	CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility	No Current Equivalent	CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility
403	Line Adjudication Date/Date Time Qualifier	2430 - DTP01	573 - Date Claim Paid	No Current Equivalent	573 - Date Claim Paid
404	Line Adjudication Date/Date Time Period Format Qualifier	2430 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
405	Form Identification Code/Code List Qualifier Code	2440 - LQ01	AS - Form Type Code UT - Health Care Financing Administration (HCFA) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms	No Current Equivalent	AS - Form Type Code UT - Health Care Financing Administration (HCFA) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms
406	Supporting Documentation/Question Response	2440 - FRM02	N - No W - Not Applicable Y - Yes	No Current Equivalent	N - No W - Not Applicable Y - Yes

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
407	Transaction Set Trailer/Transaction Segment Count	- SE01		No Current Equivalent	
408	Transaction Set Trailer/Transaction Set Control Number	- SE02		No Current Equivalent	

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